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Effective on 12/08/2	Application Number 10/533,380-Conf. #9425					
FEE TRANSI	Filing Date		March 20, 2006			
	First Named Inventor		Leif Hermansson			
For FY 20	Examiner Name		C. M. Koslow			
Applicant claims small entity state	Art Unit 1793		793			
TOTAL AMOUNT OF PAYMENT (\$) 340.00		Attorney Docket No.		1209-0149PUS1		
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FIL	.ING FEES SE Small Entity	ARCH FEES Small Entity	EXAMIN	ATION FEES Small Entity		
Application Type Fee (\$	Fee (\$) Fee (Fee (\$)	Fee (\$)	Fee (\$)	Fees F	aid (\$)
Utility 310	155 510	255	210	105		
Design 210	105 100	50	130	65		
Plant 210	105 310	155	160	80		
Reissue 310	155 510	255	620	310		
Provisional 210	105 0	0	0	0		
2. EXCESS CLAIM FEES						Small Entity
Fee Description Each claim over 20 (including Reissues)					Fee (\$) 50	Fee (\$) 25
Each independent claim over 3 (including Reissues)					210	105
Multiple dependent claims					370	185
Total Claims Extra Claims Fee (\$) Fee Paid (\$)		Paid (\$)	Multiple Dependent Claims			
26 - 27 = x		E		ee (\$) Fee Paid (\$)		
Indep. Claims Extra Claims	*	Paid (\$)				_
1 -3= x = =						
HP ≈ highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE if the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$200 (§130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(a) and 37 CPR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)						
-100 = /50 = (round up to a whole number) x =						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1252 Extension for response within second month 340.00						
SUBMITTED BY 10 /						
Signature Registration No. (Altorney/Agent) 28,977 Telephone (703)-205-8000						
Name (PrintType) Gerald M Murphy, Jr // Date Date						
	17					